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Certificate of Mailing

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I hereby certify under 37 C.F.R. § 1.10 that this correspondence is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" with sufficient postage on the date indicated above and is addressed to: BOX PATENT APPLICATION, Commissioner for Patents, Washington, D.C. 20231.

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UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 CFR §1.53(b)

Attorney Docket Number 50094/003001

Applicant LEVIN et al.

Title MEDICAL DECISION SUPPORT SYSTEM AND METHOD

PRIORITY INFORMATION:

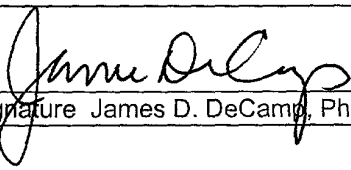
This application claims priority from Israel Patent Application 138123 filed August 28, 2000.

SMALL ENTITY STATUS:

☒ Applicants claim small entity status under 37 C.F.R. § 1.27.

APPLICATION ELEMENTS:

| | |
|---|------------|
| Cover sheet | 1 page |
| Specification | 19 pages |
| Claims | 3 pages |
| Abstract | 1 page |
| Drawing | 7 sheets |
| Combined Declaration and POA, which is: <input type="checkbox"/> Unsigned; <input checked="" type="checkbox"/> Newly signed for this application; <input type="checkbox"/> A copy from prior application [**SERIAL NUMBER**] and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein. | 4 pages |
| Sequence Statement | [**] pages |
| Sequence Listing on Paper | [**] pages |
| Sequence Listing on Diskette | [**] disk |
| Small Entity Statement, which is: <input type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; | [**] pages |

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|---|------------------------|
| <input type="checkbox"/> A copy from prior application [**SERIAL NUMBER**] and such small entity status is still proper and desired. | |
| Preliminary Amendment | [**] pages |
| IDS | [**] pages |
| Form PTO 1449 | [**] pages |
| Cited References | [**] references |
| Recordation Form Cover Sheet and Assignment | 1 page |
| Assignee's Statement | 2 pages |
| English Translation | [**] pages |
| Certified Copy of Priority Document | [**] pages |
| Return Receipt Postcard | 1 |
| FILING FEES: | |
| Basic Filing Fee: \$355 | \$355.00 |
| Excess Claims Fee: 15 - 20 x \$9 | \$0.00 |
| Excess Independent Claims Fee: 2 - 3 x \$40 | \$0.00 |
| Multiple Dependent Claims Fee: \$135 | \$0.00 |
| Total Fees: | \$355.00 |
| <input checked="" type="checkbox"/> Enclosed is a check for \$355.00 to cover the total fees. <input type="checkbox"/> Charge [**AMOUNT**] to Deposit Account No. 03-2095 to cover the total fees. <input type="checkbox"/> The filing fee is not being paid at this time. <input checked="" type="checkbox"/> Please apply any other charges, or any credits, to Deposit Account No. 03-2095. | |
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| CUSTOMER NO: 21559 | |
|  Signature James D. DeCamp, Ph.D. Reg. No. 43,580 | 21 August 2001 Date |

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